

Enclosure

CALWORKS/DRUG COURT AMENDMENT

Participation Form

County Name _____ Submitted by _____
(Name of person completing form)

☐ **Will submit** an amendment by 4/3/98 based on the March 5, 1998 allocation.

☐ **Will not submit** an amendment at this time based on the March 5, 1998 allocation.

Signature Title Date

Please mail or fax form to:

Kathleen West
Alcohol and Drug Programs
Contracts Management Branch
1700 K Street, Fourth Floor
Sacramento, CA 95816
FAX: (916) 323-0659